

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 097890694

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5			1			
6						
7						
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15						
16				1		
17				1		
18						
19						
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27						
28				1		
29				1		
30			1			
31				1		
32				1		
33				1		
34						
35						
36				1		
37						
38						
39				1		
40						
41						
42				1		
43				1		
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	*	*	*
IND.	DEP.	IND.	DEP.
51			1
52			
53			1
54			1
55			1
56			
57			1
58			1
59			1
60			
61			
62			1
63			1
64			
65			1
66			1
67			1
68			
69			1
70			1
71			1
72			1
73			
74			
75			
76			
77			1
78			1
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82			
83			
84			
85			
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91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.			2
TOTAL DEP.			48
TOTAL CLAIMS		50	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS